



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/383,857	FILING DATE 08/26/1999 RULE -	CLASS 709	GROUP ART UNIT 2711	ATTORNEY DOCKET NO. STAHL-1
APPLICANTS DAVID R. STAHL, BEDMINSTER, NJ ; ** CONTINUING DATA ***** <i>CN</i> ** FOREIGN APPLICATIONS ***** <i>CN</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 09/15/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>CN</i> Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 24
			INDEPENDENT CLAIMS 2	
ADDRESS				
22186				
TITLE				
PERSONALIZED NETWORK-BASED SERVICES				
FILING FEE RECEIVED 832	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/383,857	FILING DATE 08/26/99	CLASS 348	GROUP ART UNIT 2711	ATTORNEY DOCKET NO. STAHL-1
------------------------------------	--------------------------------	---------------------	-------------------------------	---------------------------------------

APPLICANT DAVID R. STAHL, BEDMINSTER, NJ.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/15/99

RECEIVED

DEC 10 1999

TC 2700 MAIL ROOM

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	----------------------------	---------------------------	--------------------------------

Verified and Acknowledged Examiner's Initials _____ Initials _____

ADDRESS

SEE CUSTOMER NUMBER: 022186

TITLE

PERSONALIZED NETWORK-BASED SERVICES

FILING FEE RECEIVED \$832	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------------	------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------